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TOTAL CLAIM	111.			- CONTEXT	<u>u</u> .	RATE		٠.	SMALL EITH	
(37 OFR 1.16(c				FEE	ì					
MOERCHOCH			inus zo =					· F	RATE	I · FR
(37 CFR 1.16(b)	CLAIMS			<u>.</u> .		75		OA		
	mia				K s	20.	- 1		=	15
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If the difference in column 1 is less than zero, enter "0" in column 2						180	- 1	OR .	360	 .
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j .		_	- ZO - I- AK	ı ti		•		0.1	TOTAL	1
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T FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (31 CFR 1.16(d))							OR	يسيدي		
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This collection of informati	on is required	ייי רסר (דמ	al or Independ	ent) is the biobant	.0.					7 .

If the Highest Number Previously Paid For IN THIS SPACE is less than J. enter "J".

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the including gathering) preparing, and submitting the completed application form to the USPTO. Fine will vary depending upon the individual case. Any comments and Trademark Office. U.S. Department of Commetce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NO F SEND FEES OR COMPLETED FORMS TO THIS

If you need assistance in completing the form, call 1.800.P FO.3199 and select option ?